

Table of Contents - Chapter 70.000

Records

Chapter/Section		Page
70.100	Types of Records Maintained For CRS Members.....	70-2
70.101	Medical Records	70-2
70.102	Other Records and Statistical Information.....	70-5
70.200	Records Management	70-6
70.201	Health Information Portability and Accountability Act (HIPAA) Information	70-6
70.202	Release of Health Information Portability and Accountability Act (HIPAA) Information.....	70-6
70.203	Written Approval for Disclosure	70-9
70.204	Authority for Refusal to Disclose	70-9
70.205	Confidentiality of Information Received from or Through the Federal Government.....	70-9
70.206	Member Access to Medical Records	70-9
70.207	File Storage	70-10
70.208	Security	70-10
70.209	Record Retention	70-10

70.000 RECORDS

This chapter includes information on records that shall be maintained in support of the Arizona CRS Program. It includes sections on the types of records to be maintained and on records management functions.

70.100 Types Of Records Maintained For CRS Members

Medical and other records are to be maintained for each CRS member.

70.101 Medical Records

1. Medical records for CRS members are the property of the providers of record. All CRS members should have a medical record that is maintained by the CRS Regional Contractor or designated subcontractor.
2. CRS Regional Contractors must implement appropriate policies and procedures to ensure that the contractor and its providers have information required for:
 - A. Effective and continuous patient care through accurate medical record documentation of each member's health status, changes in health status, health care needs, and health care services provided
 - B. Quality review, and
 - C. The conduct of an ongoing program to monitor compliance with those policies and procedures.
3. CRS Regional Contractors must implement policies and procedures that address medical records and the methodologies to be used to:
 - A. Ensure a legible medical record for each enrolled member who has been seen for medical appointments or procedures and/or receive medical/behavioral health records from other providers who have seen the enrolled member, and confirm that the record is kept up-to-date, is well organized and comprehensive with sufficient detail to promote effective patient care and quality review. A member may have numerous medical records kept by various health care providers that have rendered services to the member. However, the CRS Regional Contractor must maintain a comprehensive record that incorporates at least the following components:
 - 1) Member identification information on each page of the medical record (i.e., name CRS or AHCCCS identification number)
 - 2) Documentation of identifying demographics including the member's name, address, telephone number, CRS identification number, gender, age, date of birth, marital

- status, next of kin, and if applicable, guardian or authorized representative
- 3) Initial history for the member that includes family medical history, social history and preventive laboratory screenings (the initial history for members under age 21 should also include prenatal care and birth history of the member's mother while pregnant with the member)
 - 4) Past medical history for all members that includes disabilities and any previous illnesses or injuries, smoking, alcohol/substance abuse, allergies and adverse reactions to medications, hospitalizations, surgeries and emergent/urgent care received
 - 5) Immunization records (required for children; recommended for adult members if available)
 - 6) Dental history if available, and current dental needs and/or services
 - 7) Current problem list
 - 8) Current medications
 - 9) Documentation, initialed by a CRS provider to signify review of:
 - a) Diagnostic information including:
 - i. Laboratory tests and screenings
 - ii. Radiology reports
 - iii. Physical examination notes, and
 - iv. Other pertinent data.
 - b) Reports from referrals, consultations and specialists
 - c) Emergency/urgent care reports
 - d) Hospital discharge summaries, and
 - e) Behavioral health referrals and services provided, if applicable.
 - 10) Documentation as to whether or not an adult member has completed advance directives
 - 11) Documentation related to requests for release of information and subsequent release,
 - 12) Documentation that reflects that diagnostic, treatment and disposition information related to a specific member was transmitted to the PCP and other providers, including behavioral health providers, as appropriate to promote continuity of care and quality management of the member's health care,
 - 13) Documentation of a plan for transition from pediatric to adult care, beginning at age 14.
 - 14) Application/Referral Packet

- 15) Condition-specific, pertinent flow sheets and appropriate pediatric growth charts,
 - 16) Referral information to and from outside agencies, physicians, AHCCCS health plans, and AHCCCS primary care physicians, if applicable, including records of CRS services provided by contracted or subcontracted providers, or non-contracted providers,
 - 17) Multi-specialty, interdisciplinary team reports,
 - 18) Audiometric reports,
 - 19) Therapy reports,
 - 20) Copies of pharmacy prescriptions and/or medication profile, and
 - 21) Home health summaries.
 - B. Take into consideration professional and community standards and accepted and recognized practice guidelines
 - C. Implement a process to assess and improve the content, legibility, organization, and completeness of member health records, and
 - D. Require documentation in the member's record showing supervision by a licensed professional, who is authorized by the licensing authority to provide the supervision, whenever health care assistants (i.e. physicians' assistants) are allowed to provide services.
 - E. Require that each contracted hospital maintain a medical record on a CRS member served that includes:
 - 1) Physician or provider orders for the service
 - 2) Applicable diagnostic or evaluation documentation
 - 3) A plan of treatment
 - 4) A periodic summary of the member's progress towards treatment goals
 - 5) The date and description of service modalities provided, and
 - 6) Signature/initials of the provider for each service.
4. Medical records may be documented on paper or in an electronic format.
- A. If records are documented on paper, they must be written legibly in blue or black ink, signed and dated for each entry. Electronic format records must also include the name of the provider who made the entry and the date for each entry.
 - B. If records are physically altered, the stricken information must be identified as an error and initialed by the person altering the record along with the date when the change was made; correction fluid or tape are not allowed.

- C. If kept in an electronic file, the provider must establish a method of indicating the initiator of information and a means to assure that information is not altered inadvertently.
 - D. If revisions to information take place, a system must be in place to track when, and by whom, they are made. In addition, a backup system including initial and revised information must be maintained.
- 5. CRS Regional Contractors must have written policies and procedures addressing appropriate and confidential exchange of member information among providers, including behavioral health providers, and must conduct reviews to verify that:
 - A. A provider making a referral transmits necessary information to the provider receiving the referral
 - B. A provider furnishing a referral service reports appropriate information to the referring provider
 - C. Providers request information from other treating providers as necessary to provide appropriate and timely care
 - D. Information about services provided to a member by a non-network provider (i.e., emergency services, etc.) is transmitted to the member's PCP
 - E. Member records are transferred to the new provider in a timely manner that ensures continuity of care when a member chooses a new PCP, and
 - F. Member information is shared, when a member transfers/partial transfers with another CRS Regional Contractor, in a manner that maintains confidentiality while promoting continuity of care.
- 6. Information from, or copies of, records may be released only to authorized individuals, and the CRS Regional Contractor must implement a process to ensure that unauthorized individuals cannot gain access to, or alter, member records.
- 7. Original and/or copies of medical records must be released only in accordance with Federal or State laws and CRS policy and contracts. CRS Regional Contractors must comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements and 42 CFR 431.300 *et seq.*
- 8. Upon appropriate release, the CRS Regional Contractor will forward documentation of inpatient and outpatient services to the referring source and/or the primary care physician. The original or a copy of this documentation shall be maintained in the member's medical record at the CRS Regional Contractor's location.
- 9. All CRS member records shall be pulled for upcoming clinic visits prior to the scheduled clinic.
- 10. Progress notes shall be filed into the medical record no later than 30 working days from the date of the clinic visit.

11. All medical records, both active and inactive, shall be made available to CRSA for research, inspection, and audit purposes.
12. Medical records shall be maintained in an organized, detailed, and comprehensive manner, conforming to JCAHO standards, or standards of other applicable, nationally recognized accrediting organizations and Arizona medical professional standards and practices.

70.102 Other Records and Statistical Information

CRSA collects data and information about CRS members to assist in the management and administration of the program. In addition, the CRS Program is subject to a variety of data collection and reporting requirements from regulatory and funding agencies at the state and federal levels.

70.200 Records Management

Records management refers to safeguarding, storage, maintenance, and disclosure of medical information regarding CRS members.

70.201 Health Information Portability and Accountability Act (HIPAA) Information

1. Information to be safeguarded concerning applicants, eligible individuals or members includes:
 - A. Names, addresses and social security numbers;
 - B. Social and economic conditions or circumstances;
 - C. CRS Administration or CRS Regional Contractor's evaluation of personal information;
 - D. Medical records and financial information for use in determining medical or financial eligibility for the CRS program;
 - E. Medical data and services, including diagnosis and past history of disease or disability;
 - F. Data exchange tapes;
 - G. Information system tapes from the Arizona Department of Economic Security (ADES); and
 - H. Information regarding Arizona Health Care Cost Containment System (AHCCCS) or KidsCare eligibility.
2. The restrictions upon disclosure of information shall not apply to summary data, statistics, utilization data, and other information, which do not identify an individual applicant, eligible individual, or member.

70.202 Release of Health Information Portability and Accountability Act (HIPAA) Information

1. The use or disclosure of information concerning an applicant, eligible

individual, or member shall be limited to:

- A. The individual concerned;
 - B. Persons authorized by the individual concerned;
 - C. The parent or guardian of an applicant, eligible individual or member when the applicant, eligible individual or member is less than 18 years of age or greater than 18 years of age if legally declared incompetent to care for self; and
 - D. Persons or agencies for official purposes. (See 4. A., B. and C. on the following pages)
2. Safeguarded information may be released to the applicant, eligible individual, or member only under the following conditions:
- A. At the request or with the permission of the individual concerning whom the safeguarded information directly relates. If such an individual is a minor or incompetent, such request shall be obtained from his/her parent.
 - B. Any medical information relating to the death of an individual may be furnished to the surviving spouse or relative or the legal representative of his/her estate upon the written request of such qualified individual.
 - C. The eligible individual or member may view their medical record after notification to the CRS Regional Contractor within two working days, and during normal business hours. The CRS Regional Contractors will assist eligible individuals who have requested to review inpatient medical records.
3. Release to person(s) authorized by the individual concerned. Eligibility records, medical records, and any other CRS-related confidential and secured information of eligible individuals or applicants may be released to persons authorized by the eligible individual or applicant only under the following conditions:
- A. Authorization for release of information must be obtained from the eligible individual/applicant or designated representative.
 - B. An authorization must be made in writing. CRS Regional Contractors must have a designated representative to determine whether the authorization contains all of the legally required elements before disclosing information based on the authorization. A valid authorization form must contain the following information:
 - 1) A description of the information to be used or disclosed that identifies the purpose of the information in a specific and meaningful fashion;
 - 2) the name or other specific information about the person(s), classification of persons or entity to whom CRS may make the requested use of disclosure;
 - 3) the name or other specific identification of the person(s), classification of persons or entity authorized

- 4) to make the use or disclosure;
 - 4) an expiration date or an expiration event that relates to the individual or to the purpose of the use or disclosure; and
 - 5) the signature of the individual, or of the individual's personal representative, and the date of signature.
 - C. In the case where an appeal or hearing has been filed, the appellant, and/or the appellant's designated representative shall be permitted to review, obtain, or copy any authorization and/or medical record of the member necessary for the proper presentation of the case. The appellant can also authorize the release of information deemed necessary to the contested issue, to the opposing party in the case.
- 4. Release to persons or agencies for official purposes.
 - A. Official purposes are those purposes directly related to the administration of CRS and CRS Regional Contractors such as:
 - 1) Establishing medical or financial eligibility;
 - 2) Determining the amount of medical assistance;
 - 3) Providing services for eligible individuals and members;
 - 4) Conducting or assisting an investigation or prosecution of civil or criminal proceedings related to CRS; and
 - 5) Performing evaluations and analyses of CRS operations or contractor operations.
 - B. HIPAA information including, medical and case records, may be disclosed without the specific consent of an applicant/parent, eligible person, or member for purposes related to administration of the CRS program and only to the extent required in performance of duties of the following persons:
 - 1) Employees of the ADHS;
 - 2) Employees of the U.S. Social Security Administration;
 - 3) Employees of the Arizona Department of Economic Security;
 - 4) Employees of the AHCCCS Administration and its health plans;
 - 5) Employees of the U.S. Department of Health and Human Services;
 - 6) Employees of contractors and subcontractors;
 - 7) Employees of the state of Arizona Attorney General's Office; and
 - 8) Employees of counties including Boards of Supervisors, AHCCCS eligibility offices, and the County Attorney.
 - C. Law enforcement officials.

- 1) The ADHS may release, without an eligible person's or member's written or verbal consent, information to authorized officials for the purposes of an investigation or prosecution of, criminal or civil proceedings conducted by or on behalf of the ADHS, the state of Arizona, or a federal agency in connection with the administration of the CRS program.
 - 2) The ADHS may release safeguarded information contained in the member's medical record to law enforcement officials without the member's consent only in situations of suspected cases of fraud and abuse against the CRS program.
- D. For official purposes, safeguarded information, case records, and medical services information may be disclosed without the consent of the applicant, eligible individual or member to members, agents or employees of utilization, quality, or performance review committees in accordance with the provisions of this Article.

70.203 Written Approval for Disclosure

A subcontractor shall not be required to obtain written approval from a member before transmitting the member's medical records to physicians who are:

1. Providing services to members, and who have a contract with the CRS Regional Contractor;
2. Retained by the subcontractor to provide services that are infrequently used or are of an unusual nature;
3. Providing CRS services or consultation under a contract with ADHS;
4. Making a referral to or requesting a consult from a CRS provider; or
5. Providing ongoing primary or specialty care to a CRS member.

70.204 Authority for Refusal to Disclose

Any request or demand for medical information, disclosure of which is forbidden by Arizona Rules and prohibited by this subsection, shall be declined upon the authority of Arizona Rules, the provisions of this subsection, and A.R.S. §§ 36-107 and 36-136.G.18. If any employee is sought to be required, by subpoena or otherwise, to produce such medical information he/she shall respectfully decline to present or divulge the same, basing his/her refusal upon the provisions of law, Arizona Rules, and this subsection prescribed there under and shall through established administrative channels seek the advice of the appropriate county attorney or the Attorney General.

70.205 Confidentiality of Information Received From or Through the Federal Government

Notwithstanding anything in Arizona Rules or this subsection to the contrary, any medical information contained in the records of this Department, the source of which is the Secretary of the U.S. Department of Health and Human Services, of any person acting under him/her, or from any provider of services acting as such pursuant to U.S. Public Law 89-97 any amendments thereto, shall be disclosed only as provided by federal law and the rules and regulations promulgated there under.

70.206 Member Access to Medical Records

CRS shall ensure that parents and legal guardians of members less than 18 years of age, and CRS members have access to all their own medical records during regular business hours, unless for emergency medical care. Copying costs shall not be charged when a record is released to an individual, legal guardian, physician or governmental agency. All others shall be charged according to the prevailing copy rates of the current custodian.

70.207 File Storage

CRS Regional Contractors are to provide adequate staffing to ensure that the medical record functions are accomplished efficiently and in a timely manner. This includes pulling records for clinics, physicians and other authorized individuals, re-filing records accurately, and filing loose material (X-rays, lab reports) no later than one month following the clinic visit, and copying medical records with proper authorization.

There shall be a minimum of one Accredited Record Technician (ART) or individual with the equivalent knowledge and experience in records management and control in the clinic. The medical records unit will maintain a unit medical record on each individual receiving inpatient, outpatient or ambulatory surgery services. It should be readily available to the physician, and to other authorized individuals.

70.208 Security

Medical records for CRS enrolled individuals shall be housed in the Medical Records Section of the outpatient clinic and shall be separate from the records of the contracting facility. CRS Regional Contractors are obligated to provide security in accordance with HIPAA and JCAHO standards, including physical and record security.

70.209 Record Retention

1. Active CRS medical records shall be maintained by the providers contracted to provide CRS hospital or clinical services in accordance with accreditation standards, regulatory, and licensure requirements.
2. Inactive records are those for individuals who meet one of the following conditions:
 - A. Have not been seen for over two years and do not have a future appointment;
 - B. Have expired;
 - C. Have moved out of state;
 - D. Are no longer medically eligible;
 - E. Have reached 21 years of age; or
 - F. Have disenrolled voluntarily.
3. If the member is an adult, Arizona laws require that medical records be kept for at least six years after the last date of treatment. If the member is a child, medical records must be kept for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received services, whichever date is later. (A.R.S. 12-2297)